



NORFOLK

Department of Public Health

BACKYARD CHICKEN INSPECTION REPORT

Establishment: _____ Date: _____

Address: _____ Permit Expiration Date: _____

Owner: _____ Time: _____

Based on an inspection conducted on this date the items listed below (X) identify the discrepancies found in operations or facilities governed by the Code of the City of Norfolk noted below, that must be corrected within the time specified. Failure to comply with corrective action within this time may result in further legal action including suspension or revocation of your permit.

Records/Documentation/Administration

Compliance In/Out

Observations

Health Department Permit
Chickens Banded / Tag #

Chickens

Numbers of Chickens
Appearance
Fresh and Adequate Water
Fresh and Adequate Food
Bedding / Litter Material – Condition / Dry

Physical Facilities: Housing and Fencing

Installation/maintenance
15' set backs from property line / structures
100' set back from mean high water
20' from city drainage easement
Minimum 24 square feet total area, including
12 square feet of area in both outside and
weatherproof inside area.
Clean, dry, good repair
Adequate Ventilation
Lighting Source
Storage of food /supplies
Fencing
Protection from Predators
Coop / Coop Yard Drainage

Backyard Chicken Inspection Report 09.11.2013

Sanitation and Hygiene

- Chicken Waste Removal / accumulation
- Food & Water Separate & protected from waste
- Approved cleaning / sanitizing solutions
- No accumulations of broken eggs
- Dry litter / bedding material / no mold
- No standing water /dry interior
- Hand wash procedure

[illegible]

Premises, includes surroundings

- Presence of Flies
- Evidence of Rodent Activity
- Evidence of intrusion of wildlife
- Evidence of chicken waste pollution
- Dead chickens
- Improper drainage, in general
- Inadequate Refuse Collection / Disposal

[illegible]

Comments / Corrective Actions/Good Practices Observed

[illegible]

Follow Up Inspection Required_____ **Date**_____

Recommended for Annual Health Department Permit / Renewal_____

Signature of Owner

Date: _____

Environmental Health Specialist / Supervisor